

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>107652581</i>	Filing Date
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)	
May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	<i>2</i>						
Total Depend	<i>2</i>						
Total Claims	<i>8</i>						

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